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ABSTRACT

This report on HIV/AIDS, disability, and employment analyzes data from the AIDS Cost and Services Utilization Survey of 1991-1992, a longitudinal study of 1,949 HIV-infected men and women. The report examines the diagnostic history of people living with HIV and its relation to function, disability, and labor force participation over time. Study participants were interviewed six times over an 18-month period. Text, graphs, and tables present data on the following areas: demographics of the study population, HIV diagnostic categorization, health insurance coverage, Social Security Disability Insurance (SSDI), functional and activity limitations, measures of depressive symptomatology, labor force participation, and occupational status. Highlights of the study included the following: (1) 33 percent of study participants were covered by private health insurance, 38 percent had Medicare or Medicaid, and 29 percent had neither private nor public health coverage; (2) as diagnostic severity increased, the likelihood of private insurance coverage decreased; (3) men were far more likely to be receiving SSDI than women; (4) women were far more likely to have been denied disability insurance than men; (5) at each stage of HIV disease, women were more likely to report depression; and (6) over half the study population was out of the labor force at the time of the initial interview, with an additional 11 percent unemployed but looking for work. Appendices provide technical notes and medical condition and symptom codes. Findings indicate that to encourage greater labor force participation of people with HIV and AIDS, attention must be given not only to reducing funcational disability but also the employer attitudes and access to health insurance and other work-related benefits and workplace accommodations. (DB)

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NATIONAL INSTITUTE ON DISABILITY AND REHABILITATION RESEARCH

REPORT 6

Disability Statistics Report

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HIV/AIDS, Disability, and Employment

EC 304952

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HIV/AIDS, DISABILITY, AND EMPLOYMENT

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Introduction

Throughout the course of their illness, persons living with Human Inmmunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) experience a process of declining functional ability, decreasing ability to participate in the labor force, and the progressive development of related disabilities. Given the large degree of sociocultural and economic diversity among the men and women living with HIV infection in the United States, together with the great variability from person to person in both the rate of disease progression and symptomological histories, the disablement process is neither uniform nor linear.

This report on HIV/AIDS, disability, and employment adds to the growing body of work in the disability literature concerning HIV/AIDS by examining the diagnostic history of people living with HIV and its relation to function, disability, and labor force participation over time. This report provides a baseline profile, from a U.S. nationwide longitudinal sample of HIV-infected men and women, of HIV-related health status, degree of functional limitation and depressive affect, recipientship and denial of publicly funded disability benefits, private and publicly funded health insurance coverage, labor force participation, and illness-related changes made in employment status. This research significantly augments previous research examining the relationship between HIV disease progression and issues of functional limitations, disability, employment, and health and disability benefits.[1,2,3,4,5]

The data for this report come from the AIDS Cost and Services Utilization Survey (ACSUS) of 1991–1992, conducted by WESTAT for the Agency for Health Care Policy and Research (AHCPR). ACSUS is a longitudinal study of 1,949 HIV-infected men and women, drawing participants from 26 sites nationwide. Study participants were interviewed six times over an 18-month period. The research design and analytic objectives of the ACSUS study have been described in detail elsewhere.[6]

The statistics derived from this data (and presented here) are not representative of all persons living with HIV in the United States. Given this limitation, the basic demographic characteristics of the persons comprising the ACSUS data set is in relatively good agreement with the overall demographic makeup of all persons who have thus far been diagnosed with AIDS nationwide.[7]

Highlights

- Thirty-three percent of ACSUS study participants are covered by private health insurance policies, 38 percent are covered under the publicly funded health programs of Medicaid or Medicare, and 29 percent have neither private nor public health coverage.
- For both HIV-infected men and women, as diagnostic severity increases, the likelihood of private insurance coverage decreases, the likelihood of Medicaid or Medicare coverage increases, and that of having no insurance, whether private or publicly funded, decreases.
- Men are proportionately far more likely to be receiving Social Security Disability Insurance (SSDI) at each stage of HIV disease than women.
- Women are far more likely than men to have been denied disability insurance.
- Persons infected through injection drug use are more likely to have been living with at least one functional impairment at the time of the baseline interview.
- At each stage of HIV disease, women are consistently more likely to report having had feelings associated with depression.
- Over half of the study population are out of the labor force at the time of their initial interview. An additional 11 percent are unemployed but looking for suitable full-time work.
- Men whose mode of exposure was sexual contact with other men, but who had no history of injection drug use, are two to three times more likely than the other exposure groups to have been actively involved in the labor force.
- The ACSUS data indicates a significant gender disparity in overall labor force participation among persons living with HIV: 41 percent of men are employed (either full time or part time), while only 16 percent of women are working.
- A majority of survey respondents who changed their employment status due to their HIV condition went on disability or leave of absence (53 percent), left work voluntarily (34 percent), or reduced participation to part-time status (3 percent). An additional 10 percent of the ACSUS sample had been either laid off or fired as a direct result of living with HIV.

Background

Approximately 175,600 adult men and women in the United States are currently living with a diagnosis of AIDS.[7] This figure represents just a small fraction of the diverse population of people who have been infected with HIV, but have either remained asymptomatic or have not as yet developed the high degree of immunosuppression and/or opportunistic infections associated with a full AIDS diagnosis. Estimates of HIV seroprevalence among Americans range between 800,000 and 1.2 million people, with approximately 40,000 new infections occurring each year.[8,9,10]

The continued progress of biomedical researchers to refine both hematologic markers of disease progression (such as viral load testing) and pharmacological agents combating HIV at different stages of viral replication (such as the new class of protease inhibitors) is allowing for the prescription of prophylactic and therapeutic interventions for persons living with HIV, both asymptomatically and symptomatically, with the promise of greater effectiveness. HIV/AIDS care is increasingly being delivered with far more precision, tailored to the enormous variability in the progression of the disease from person to person. These clinical advancements suggest that for many persons living with the disease, HIV/AIDS will increasingly become a more long-term, manageable chronic condition.

Availability and utilization of early testing, hematologic monitoring, and prophylactic treatment will better assure persons living with HIV longer and more productive lives. This trend toward disease management also ensures an increase in the time those with HIV spend living with the related infections and disabling chronic conditions associated with advancing immunosuppression. The need for job-related and in-home rehabilitation and supportive services, as well as for ambulatory and community-based care, will only become greater with the increased manageability of HIV disease and an expanding caseload.

Measures

Study participants have been diagnostically categorized according to the Center for Disease Control and Prevention (CDC) 1993 revised classification system for HIV infection and expanded case definition for AIDS.[11,12] According to this diagnostic scheme, persons living with HIV infection are symptomologically classified into one of the following categories: Asymptomatic (being symptom-free or only having persistent generalized lymphadenopathy and/or symptoms related to acute primary HIV infection); Symptomatic (having HIV-related conditions that do not meet the 1993 expanded case definition for an AIDS diagnosis); or AIDS-diagnosed (having one or more conditions meeting the 1993 expanded case definition for AIDS). Further, the 1993 CDC revised AIDS classification system assigns a diagnosis of AIDS to all persons, regardless of symptomologic history, having either an absolute CD4+ T-lymphocyte cell count less than 200/μL or having the percentage of CD4+ helper T-cells less than 14 percent of the total number of lymphocyte cells. (See Figure 1).

Full diagnostic histories for the period of approximately one year preceding the initial baseline interview, through the completion of the final sixth interview (or death of the subject), were collected from all appropriate in-patient and out-patient service providers named by the study participants as the usual providers of medical care. All directly and indirectly HIV-related health conditions (as classified by the International Classification of Disease (ICD–9) coding scheme), as well as all recordings of T-lymphocyte cell counts and percentages for this expanded interval of medical data collection, are organized by symptomological severity and date of entry into the medical records. Thus, for any point in time during the study period, participants can be accurately categorized according to the CDC expanded case definition.

Demographics of the Study Population

As shown in Table A, many of the demographic characteristics of the ACSUS population match the current breakdown of the AIDS caseload nationwide as reported by the Centers for Disease Control and Prevention (1995).[7] Study participants are predominantly male (82 percent), roughly two-thirds persons of color and/or of Hispanic origin (59 percent), who had contracted HIV predominantly through either male sexual activity with other men, injection drug use among men having sex with men, or injection drug use among non-homosexual or bisexual men and women (82 percent).

Figure 1. 1993 CDC Revised Classification System for HIV Infection and Expanded AIDS Surveillance Case Definition [1,2]

	CLINICAL CATEGORIES		
CD4+ CELL CATEGORIES	**(A)** Asymptomatic, PGL or Acute (Primary) HIV Infection *	**(B)** Symptomatic, not (A) or (C) conditions	**(C)** AIDS-Indicator conditions
(1) CD4+ T-cells/μL ≥ 200, CD4+ percentage ≥ 14%	**A1**	**B1**	**C1**
(2) CD4+ T-cells/μL ≥ 200, CD4+ percentage ≥ 14%	**A2**	**B2**	**C2**
(3) CD4+ T-cells/μL < 200, CD4+ percentage < 14%	**A3**	**B3**	**C3**

[1] Table borrowed (and adapted) from: 1993 revised classification system for HIV infection and expanded case definition for AIDS among adolescents and adults. *MMWR*, 41(RR-17),1992

[2] The shaded cells illustrate the expansion of the AIDS surveillance case definition. Persons with AIDS-indicator conditions (Category C) are currently reportable to the health departments in every state and U.S. territory. In addition to persons with clinical category C conditions (categories C1, C2, and C3), persons with CD4+ T-lymphocyte counts less than 200/μL or less than 14% (categories A3 or B3) are also reportable as AIDS cases.

* PGL = persistent generalized lymphadenopathy. Clinical category A includes symptoms related to acute primary HIV infection.

Note: ICD-9 and condition codes are provided in Appendix A.

Having been collected in 1991, the ACSUS sample does somewhat differ from the current 1995 epidemiologic situation, more accurately reflecting the statistics of the national caseload during that time. Compared to both AIDS diagnoses reported during the calendar year of 1994[13] and HIV-infections reported between July 1994 and June 1995 in states having mandatory reporting policies[14], the ACSUS sample over-represents both men infected through sexual activity with other men (by roughly 10 percent) and men potentially infected either through sex with other men or injection drug use (by 5 percent). Conversely, the ACSUS sample under-represents persons having no history of same sex behavior whose infection route was via injection drug use (by approximately 5 percent). The ACSUS sample also differs in the proportion of persons of color who are HIV-infected. This study population under-estimates persons who are non-Hispanic African American (by roughly 10 percent) and over-representing persons of Hispanic origin (by 10 percent).

HIV Diagnostic Categorization

Table B shows the result of the stratification of the ACSUS sample according to diagnostic category, using the full 1993 CDC expanded case definition, based on the participants' conditions at the time of the initial baseline interview. The majority (60 percent) of the men surveyed have a clinically defined AIDS diagnosis, 25 percent symptomatic non-AIDS defined, and 15 percent asymptomatic or having only primary HIV-related conditions. A smaller proportion of the women sampled are clinically AIDS-diagnosed (47 percent) and about the same proportion were symptomatic non-AIDS defined (36 percent). The proportion of women living asymptomatically or with only primary HIV-related conditions (17 percent) is similar to that of the men in the study.

The 1993 expanded AIDS case definition, instituted to better account for the clinical manifestations of the disease among women and injection drug users, resulted in a significant

Table A. Demographic Characteristics of Study Population at Time of Enrollment into ACSUS

	%	N
Male	81.6	1,591
Female	18.4	358
Total	100.0	1,949

	Total Sample %	Men %	Women %
Ethnicity			
White (not Hispanic)	41.4	46.1	20.4
African American (not Hispanic)	29.7	25.5	48.0
Hispanic	27.1	26.2	31.0
Other	1.3	1.5	0.6 *
(not ascertained)	0.5	0.6	.
Age			
15–19 years	0.6	0.4 *	1.4 *
20–29 years	20.4	19.0	26.5
30–39 years	48.0	47.7	49.4
40–49 years	22.6	24.0	16.5
50–59 years	5.6	6.1	3.6
60–78 years	2.8	2.8	2.5 *
Mode of Exposure			
Homosexual/Bisexual Contact	51.4	62.9	0.3 *
Injection Drug User (IDU)	22.5	18.9	38.5
IDU & Homosexual/Bisexual	9.5	9.6	8.7
Heterosexual Contact	11.8	5.5	40.2
Other	4.8	3.1	12.4
Educational Level [1]			
8th Grade or Less	8.5	7.6	12.0
Some High School	21.1	17.2	38.6
High School Graduate	24.6	23.8	28.2
1–3 years College	25.7	27.6	17.0
4 years of College	9.1	10.6	2.8
Graduate Level/Advanced Studies	10.8	13.0	1.4
(not ascertained)	0.2	0.3	.
Income (in 1991 Dollars)			
≤ $6,000	47.7	43.3	67.3
$ 6,001–10,800	18.8	18.9	18.7
$10,801– 15,600	9.1	9.6	7.0
$15,601–19,200	3.8	4.4	1.4 *
$19,201–24,000	4.7	4.9	3.6
$24,001– 36,000	6.1	7.1	1.4 *
$36,001– 48,000	4.2	5.1	0.3 *
$48,001 +	5.0	6.2	.
(not ascertained)	0.6	0.6	0.3

[1] Educational level estimated from total number of years having attended school.
* Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

increase in the overall number of AIDS diagnoses being clinically assigned. A major proportion of these cases are among persons who have not as yet developed any of the opportunistic infections and conditions classified as AIDS-defining, but whose hematologic counts reflect the severe level of immunosuppression usually occurring prior to the development of these conditions.[11,15] Cohort studies have indicated that over 80 percent of persons diagnosed with AIDS based upon CD4+ T-lymphocyte cell counts alone will develop an AIDS-defining infection or malignancy within three years.[15] Therefore, based on T-cell counts alone, an AIDS diagnosis, does not necessarily connote morbidity and/or loss in functional status.

In 1993 and 1994, of all cases of AIDS in the United States reported to the CDC, almost half (48 percent and 49 percent, respectively) have been based solely upon the low CD4+ T-lymphocyte cell counts of persons who had not as yet developed any AIDS-defining opportunistic infections or conditions.[10,12] In comparison, of the total 1027 persons in the ACSUS study having clinical

Table B. Diagnostic Categorization of Study Population at Time of Enrollment into ACSUS: Full 1993 CDC Expanded Case Definition, Indicator Conditions, and CD4+ T-lymphocyte Cell Count (Total N=1,787)[1]

	Men		Women	
	%	N	%	N
Asymptomatic or Acute Primary HIV Infection and CD4+ T-cells/μL ≥ 200, CD4+ percentage ≥ 14%	15.4	224	17.1 *	57
Symptomatic/ Non-AIDS-defining conditions and CD4+ T-cells/μL ≥ 200, CD4+ percentage ≥ 14%	24.7	359	36.3 *	120
AIDS-defining conditions or CD4+ T-cells/μL < 200, CD4+ percentage < 14%	60.0	873	46.5 *	154

[1] A drop in the total sample size from N=1949 to N=1787 reflects missing diagnostic data from medical and/or hematologic reports on 162 study participants.
* Significantly different from men at p< .01.
Note: ICD and condition codes are presented in Appendix A.

diagnoses of AIDS, 42 percent (N=426) of them had no AIDS-defining conditions, their diagnoses based solely upon their low CD4+ T-lymphocyte cell counts. Table 1 provides the symptomological history for these 426 persons clinically diagnosed as having AIDS on the basis of their low blood counts. Some 77 percent of these men and 92 percent of these women are living with HIV-related conditions that are not AIDS-defining conditions. Only 23 percent of the men and 8 percent of the women have no HIV-related conditions or are classified as asymptomatic by having only those conditions associated with primary acute HIV infection. Thus, of people who have an AIDS diagnosis, about 42 percent are diagnosed solely on the basis of low T-cell counts. We find a low proportion of them have no HIV-related conditions or morbidity. In this analysis, people with low T-cell counts remain classified with those people who have AIDS-defining conditions.

Health Insurance Coverage

The percent distribution of health insurance coverage, whether private, public, or neither, is shown in Table 2. Approximately a third of the ACSUS sample (33 percent) are covered by private health insurance policies. Over a third of the persons studied (38 percent) are covered under the publicly funded health programs of Medicaid or Medicare, and 29 percent of the persons living with HIV are not covered by either private or public health programs.

Men are far more likely than women to have private insurance policies (38 percent versus 8 percent). Conversely, women are far more likely to be covered by public programs than men (66 percent versus 32 percent). For both men and women, as diagnostic severity increases, the likelihood of private insurance coverage decreases, the likelihood of Medicaid or Medicare coverage increases, and that of having no insurance, whether private or publicly funded, decreases.

For women, the distribution of health insurance coverage across modes of viral exposure remains fairly consistent. For men, the mode of exposure to HIV proved to be highly related to the type of health insurance coverage held. Men who contracted HIV through sexual contact with other men and were not injection drug users are two to three times more likely to be covered by private health insurance policies than the other men studied. These homosexual/bisexual men are also least likely to be covered by publicly funded health

care programs. Non-homosexual/bisexual men, those contracting HIV through injection drug use or heterosexual contact, are more likely to lack private or public insurance.

Social Security Disability Insurance (SSDI)

The percent distributions of the recipientship of SSDI benefits among the stratified ACSUS sample are shown in Table 3. SSDI recipientship increases with the increased diagnostic severity of the disease. Gender is also related to the likelihood of receiving publicly funded disability benefits, with approximately 22 percent of men and 14 percent of women getting SSDI at the time of the initial interview. Men are also proportionately far more likely to be receiving SSDI at each stage of the illness than their female counterparts. Similar patterns of gender disparity are again evident in the examination of the relationships between both ethnic background and mode of exposure with SSDI benefit recipientship.

Conversely, among persons who have applied for SSDI benefits (Table 4), women overall are far more likely than men to have been denied disability insurance (44 percent versus 30 percent), as is the case by ethnic background, mode of exposure, and HIV diagnostic status.

Functional and Activity Limitations

Study participants are asked whether their health has limited their participation in vigorous and moderate activities and, if so, whether this had been relatively recent or chronic in nature. The percent distributions of men and women with and without recently occurring functional limitations, by gender, mode of exposure, and HIV diagnostic status, is presented in Table 5. The full distributions of functional and activity limitations by gender and HIV diagnostic status are presented in Tables 6 and 7.

Figures 2 and 3 illustrate a pattern of increasing functional impairment with an increase in diagnostic severity. These figures also demonstrate the proportional differences between men and women in the degree of functional impairment experienced with each advancing stage of HIV disease. Most dramatically, women in the ACSUS study who are diagnostically classified as being asymptomatic are far more likely to have been experiencing one or more functional limitations then the men studied. As shown in Table 5, persons having been infected with HIV through injection drug use, regardless of past sexual activity, are also more likely to have been living with at least one functional impairment at the time of the baseline interview than are those not having a history of injection drug use.

Figure 2. Functional Limitations by HIV Diagnostic Status: Men

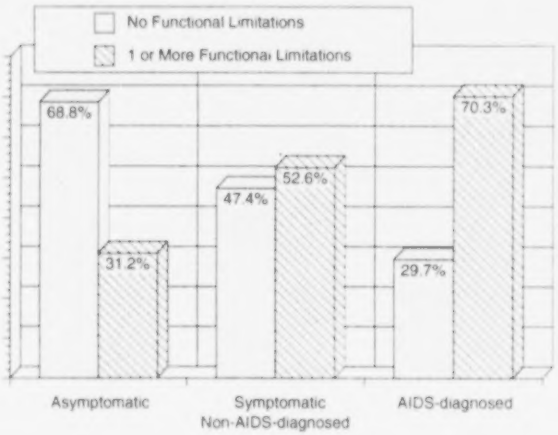
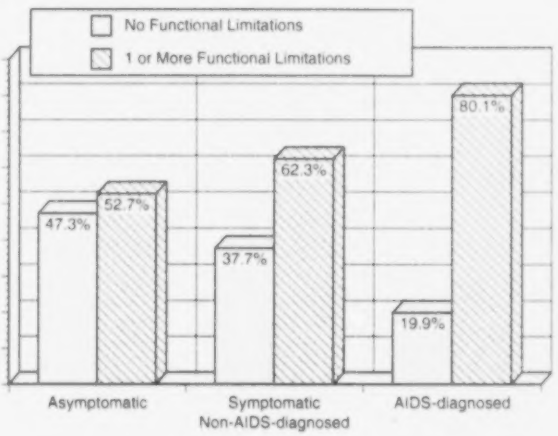


Figure 3. Functional Limitations by HIV Diagnostic Status: Women



A consistent pattern of increasing functional impairment with an increase in diagnostic severity emerges for all measures of functional limitations. Overall, nearly 60 percent of the men and 70 percent of the women living with HIV presented themselves as being limited in their ability to carry out one or more vigorous and/or moderate activities due to their health condition. Over 40

percent of all men and women reported themselves to be chronically prevented from participating in major activities, such as working at a job, attending school or doing housework. Roughly 20 percent of the sample report being limited in their ability to visit with family and friends because of their health. Injection drug users and homosexual/bisexual men who are also injection drug users are proportionally more likely to be living with one or more functional limitations. Although the women participants in the ACSUS sample reported being more functionally impaired than the men studied, there is no apparent difference between genders in being prevented from participation in major activities.

Measures of Depressive Symptomology

The percent distribution of measures of depressive affect by gender and HIV diagnostic status are presented in Tables 6 and 7. Respondents are asked the degree to which they experienced feelings of nervousness, calmness, downheartedness, happiness, and inability to be cheered up. The data reflect the proportional distribution of persons having these emotions all or most of the time during the month prior to being interviewed. The women in the ACSUS sample are consistently more likely to have reported feelings associated with depression than their male counterparts. This pattern is consistent at each stage of HIV disease.

Labor Force Participation

Table 8 offers the percent distribution of labor force participation among the ACSUS sample by gender, HIV diagnostic status, and mode of exposure. Strikingly, 41 percent of the men and 16 percent of the women in this sample of persons living with HIV disease are actively working. When stratified by HIV diagnostic status, the rates of employment among this population are even more worthy of note. Among the men in the ACSUS sample, 57 percent of those asymptomatic, 50 percent of those symptomatic (non AIDS-defined), and 31 percent fully AIDS-diagnosed are actively working. Among women, 32 percent of those asymptomatic, 16 percent of those symptomatic (non-AIDS-defined), and 11 percent fully AIDS-diagnosed also work.

Approximately 52 percent of persons are out of the labor force (not working and not looking for work) at the time of their initial interview. An additional 11 percent of the ACSUS sample are unemployed but looking for suitable full-time work. Twenty-nine percent are full-time employed, 2 percent are working part-time but actively looking for full-time work, and 7 percent are part-time employed. Men whose mode of exposure is sexual contact with other men, without history of injection drug use, are proportionately two to three times more likely than the other exposure groups to be actively involved in the labor force.

Figures 4 and 5 illustrate the breakdown of labor force participation by each HIV diagnostic category, for both men and women. Men defined as asymptomatic are about twice as likely to be full-time employed than asymptomatic women (48 percent versus 27 percent). Although the relative rates of full-time labor force participation for both men and women decrease along with increasing disease severity, the decrease for women is far more dramatic. Symptomatic non-AIDS-diagnosed men are close to three times more likely than the symptomatic non-AIDS-diagnosed women to be working full time, and the AIDS-diagnosed men are five times more likely than women with an AIDS diagnosis to have remained in the labor force at full-time capacity

Men in the ACSUS sample are far more likely to be employed (either full time or part time, 41 percent) than are the women participants (16 percent). Conversely, among those persons unemployed, women are more likely to have been looking for full-time work 16 percent) than are the unemployed men (10 percent). Among this population of persons living with HIV disease, African Americans of Hispanic and non-Hispanic origin are the least likely to be actively participating in the labor force and also the most likely of those persons unemployed to be looking for full-time work.

Figures 6 and 7 illustrate the significant role that functional impairment plays in the likelihood of full-time labor force participation among persons living with HIV. Among the men in the ACSUS sample, 57 percent of those with no recent or chronic functional limitations are employed on a full-time basis, but only 16 percent of those men living with one or more limitations are employed in the same capacity. The rates for women in the sample evidenced much lower rates of full-time labor force participation in general, with only 21 percent of women without any functional limitations and 8 percent of women with one or more functional limitations working full time.

Figure 4. Labor Force Participation by HIV Diagnostic Status: Men

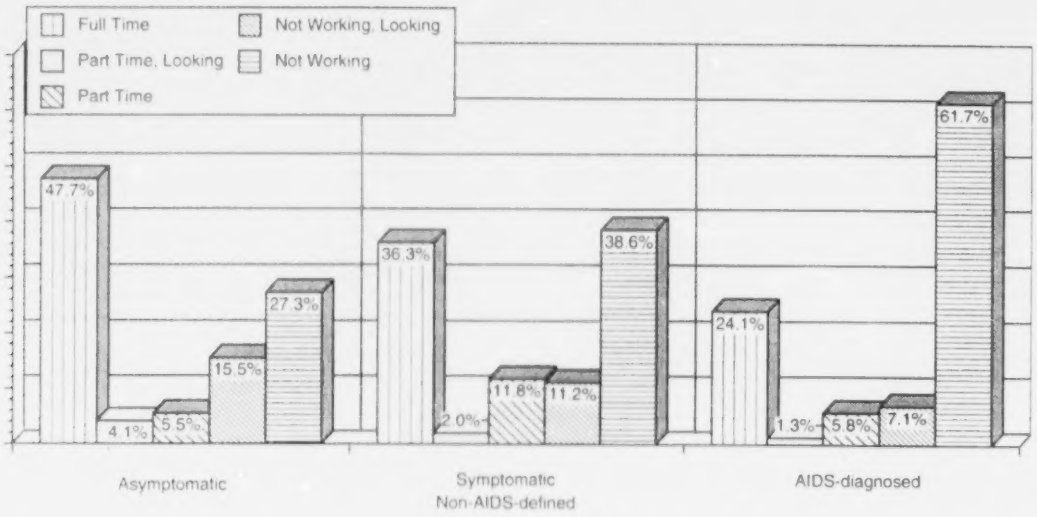
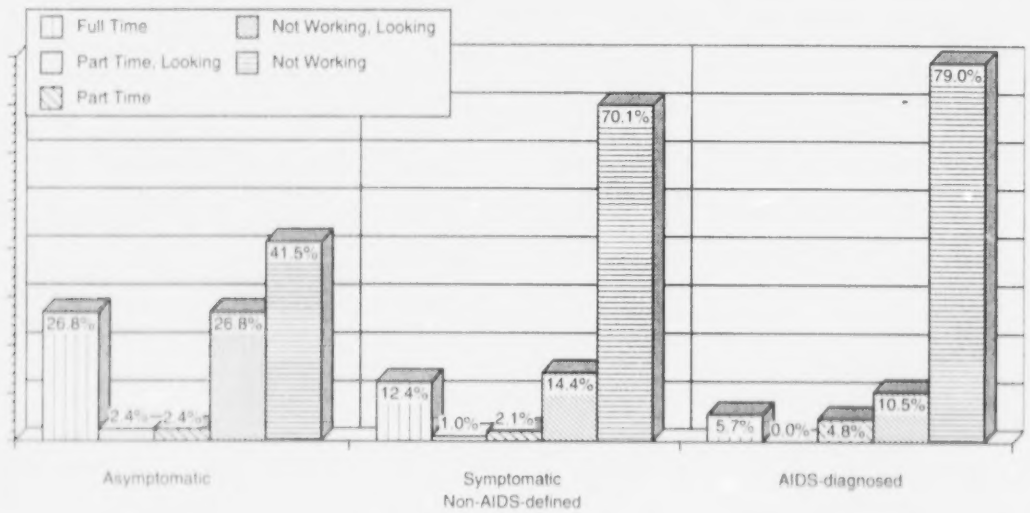


Figure 5. Labor Force Participation by HIV Diagnostic Status: Women



These figures also illustrate the general gender disparity in labor force participation among persons with HIV. Men without any functional limitations are far more likely to have been working either full time or part time (69 percent) than are their female counterparts in the study (25 percent). The proportion not working also differed significantly between the men and women with no functional limitations. Some 21 percent of the men, as opposed to 54 percent of the women, were not working at baseline.

Figure 6. Labor Force Participation by Functional Limitation: Men

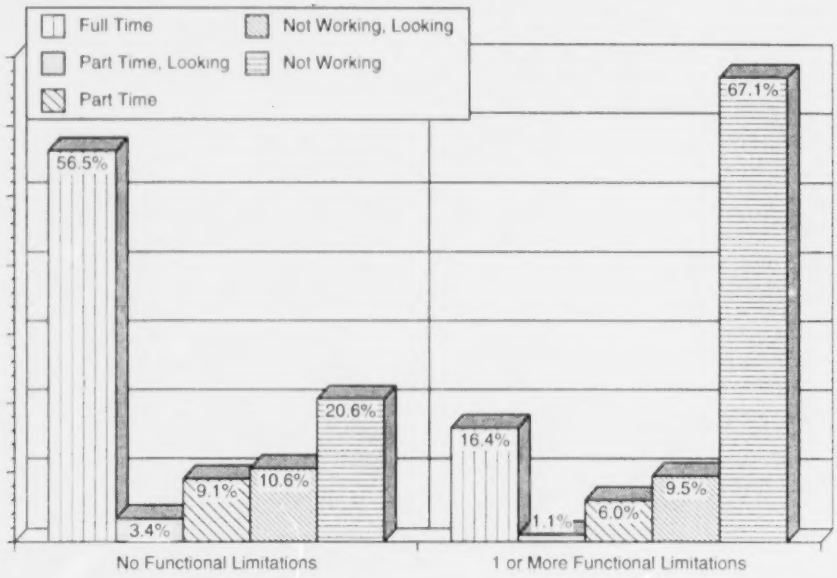
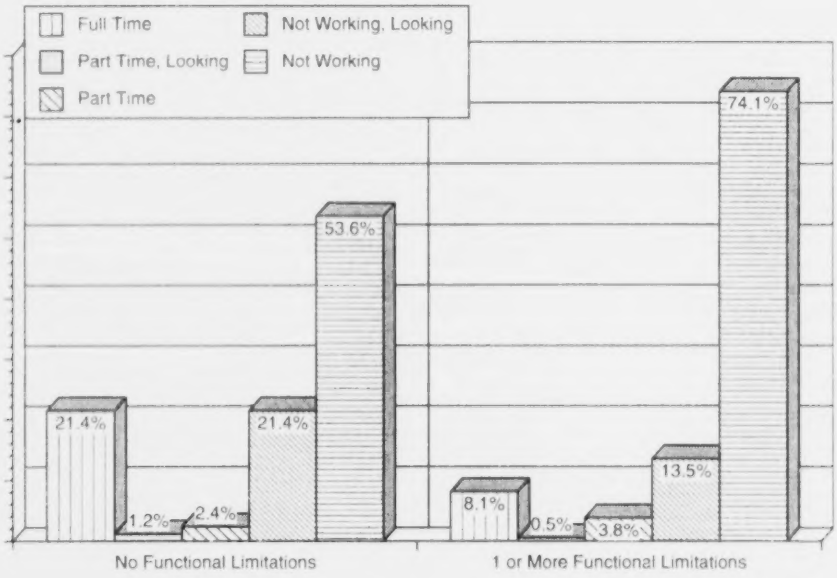


Figure 7. Labor Force Participation by Functional Limitation: Women

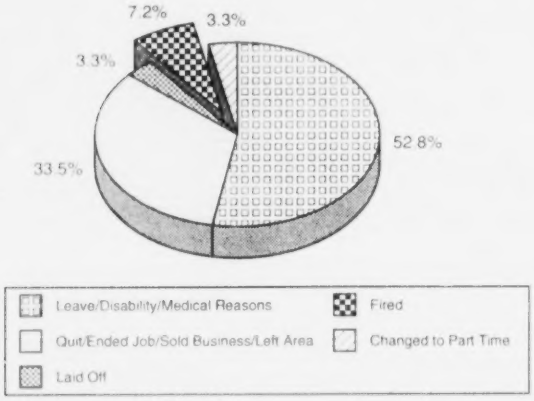


Occupational Status

The distribution of persons actively engaged in the labor force at the time of the initial interview, by occupational category, degree of participation, and HIV diagnostic status, is presented in Table 9. The largest proportion of persons in the ACSUS sample who are working in a part-time capacity are employed in the service industries (31 percent) or hold positions in sales (11 percent) and management (8 percent). Persons with definitive AIDS diagnoses who are still employed are most likely to hold executive, administrative, or managerial positions (19 percent), jobs in the

service industries (18 percent), or clerical/administrative support positions (16 percent).

Figure 8. Changes in Employment Status Resulting from HIV Condition Among Study Participants Not Working Full Time[1]



[1] Chart refers to employment data on the 67.51% (N=771) of the 1142 persons not working in a full time capacity at the time of the initial interview.

Respondents who had at one time worked in a full-time capacity and were not employed in a full-time position at the time of their initial interview were asked if the change in employment status resulted from their HIV-related health condition. Figure 8 furnishes the reasons given for changes in employment status among persons who have acknowledged that the change was due to HIV. The greatest proportion of these persons indicated disability and leave of absence necessitated by their medical condition to be the reason for their change in status (53 percent). An additional 34 percent mentioned that they either quit, ended their employment, sold their business, or left the area as a result of their HIV condition. Only 3 percent of these persons stated that they had reduced their participation to a part-time status. However, 10 percent of persons reported having been either laid off or fired as a direct result of having HIV.

Table 10 presents the prior occupational status of persons who left the labor force either voluntarily or involuntarily. For each occupational category, this distribution of voluntary or involuntary exit from the labor force is calculated as the percentage of the total number of persons to have ever been employed (currently or in the past) for the respective occupational group. Persons employed in the executive, administrative, and professional occupations evidenced the lowest rate of exit from the labor force (42 percent). Roughly 24 percent reported having left their employment voluntarily, specifically because of their HIV condition. Another 2 percent stated that they had been either fired or laid off because of having HIV disease. Fifteen percent withdrew from active work participation for non-HIV-related reasons. Conversely, persons employed in physically demanding occupations evidenced the highest proportion no longer working (80 percent). Over 25 percent left voluntarily in response to living with HIV. Another 4 percent were wrongfully terminated due to HIV. Over half of all persons whose main full-time employment was in these occupations left their jobs for reasons other than HIV. This exit may or may not have predated the onset of their HIV disease, and it may, therefore, represent the presence of functional and activity limitations confounding and/or aggravating those limitations related to HIV.

Conclusions

As we have seen, the population and demographic characteristics of the ACSUS sample are similar to those reported in other sources. Using the 1993 expanded CDC case definition, the study population of people living with HIV comprises 16 percent without symptoms (other than lymphadenopathy or acute symptoms associated with initial HIV infection), 27 percent with symptoms that are not AIDS-defining, and 57 percent with a diagnosis of AIDS. Although the population age ranges from 15 to 78, most (91 percent of the sample) are concentrated in the interval of ages 20 to 49. Thus, the population is much younger than the general working-age population.

About 56 percent of the entire sample reported limitations in vigorous activities—running, strenuous sports, or heavy lifting. The proportion with limitations in vigorous activities increases with the progression of HIV disease—from 31 percent of the asymptomatic group to 67 percent of people with AIDS. Limitations in moderate activities also increase with the progression of HIV disease—19 percent of people without symptoms have trouble walking uphill or climbing stairs, as do 55 percent of people with AIDS. By comparison, less than 5 percent of the general working-age

population (15 to 64 years old) has difficulty climbing stairs.[16] Asymptomatic people with HIV, despite their younger average age, have about four times the rate of functional limitation as that of the general working-age population. Women with HIV are 15 to 20 percent more likely than men to have functional limitations for all stages of HIV disease.

About half of the HIV population is limited in performing the major social roles of working at a job, housework, or attending school. This compares to 10.2 percent of the general population 18–64 years old limited in major activity.[17]

Almost two-thirds of people with HIV are not working, compared to only 25 percent of the general working-age population. The fraction not working, for men with HIV but asymptomatic, is 43 percent, increasing to 69 percent for those diagnosed with AIDS. For women, the range is 68 percent to 90 percent. About 31 percent of men with AIDS work, and 24 percent work full time. About 10 percent of women with AIDS work, and half of them work part time. For both genders of people with AIDS who do not work, about 11 percent are looking for work.

Loss of physical and cognitive function with HIV progression is one of the major factors leading to decreased labor force participation among people with HIV and AIDS, particularly among men. Only 30 percent of men without functional limitations are not working, compared to over 75 percent of those with one or more limitations. Among women, however, 75 percent without a functional limitation are not working, compared to 88 percent with one or more limitations.

These data suggest that efforts to reduce functional limitations among people with HIV and AIDS may enable more of them to continue to work. But there are other reasons beside functional ability that impinge on work for people with HIV and AIDS. It should be noted that, of people who changed from full-time employment to part-time or left work altogether, 7 percent stated that they were fired because of HIV. Furthermore, about 46 percent of people with AIDS are covered by public health insurance programs (Medicare or Medicaid) and many may not be able to work if such benefits would be lost. Thus, to encourage greater labor force participation of people with HIV and AIDS, attention must be given not only to reducing functional disability but also to employer attitudes and access to health insurance and other work-related benefits and workplace accommodations.

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Tables

TABLE 1: Symptomological History of AIDS-Diagnosed Persons Whose Diagnosis Was Due to CD4+ T-Lymphocyte Counts Alone

TABLE 2: Percent Distribution of Health Insurance Coverage, by HIV Diagnostic Status, Mode of Exposure, and Gender

TABLE 3: Proportion of Persons Receiving SSDI, by Ethnicity, Mode of Exposure, HIV Diagnostic Status, and Gender

TABLE 4: Proportion of People Who Have Applied for SSDI and Have Been Denied, by Ethnicity, HIV Diagnostic Status, Mode of Exposure, and Gender

TABLE 5: Percent of Men and Women with One or More Functional Limitation by HIV Diagnostic Status and Mode of Exposure

TABLE 6: Functional and Activity Limitations and Measures of Depression, by HIV Diagnostic Status: Men

TABLE 7: Functional and Activity Limitations and Measures of Depression, by HIV Diagnostic Status: Women

TABLE 8: Labor Force Participation by Ethnicity, HIV Diagnostic Status, Mode of Exposure, and Gender

TABLE 9: Percent Distribution of Occupational Titles of Persons Still Working, by Labor Force Participation and HIV Diagnostic Status

TABLE 10: Work Status of People with HIV, by Current or Last Occupation and Reasons for Not Working

Table 1. Symptomological History of AIDS-Diagnosed Persons Whose Diagnosis Was Due to CD4+ T-Lymphocyte Counts Alone[1,2]

	Men Diagnosed by CD4+ Counts Alone[3] N=355	Women Diagnosed by CD4+ Counts Alone[4] N=71
History of HIV-related Conditions	%	%
Asymptomatic/No HIV-related symptoms	10.1	4.2 *
Having illnesses associated with primary HIV infection only[2]	13.2	4.2 *
Having HIV-related conditions not included in the 1993 CDC revised AIDS Classification System	76.6	91.6
Total	100.0	100.0

[1] Persons represented in this table have been clinically diagnosed with AIDS due to CD4+ counts alone with no history of conditions or opportunistic infections meeting the 1993 CDC Revised AIDS Classification system for AIDS.
[2] Primary conditions include persistent generalized lymphadenaopathy, weight loss, night sweats, fatigue, anemia/neutropenia.
[3] Those men diagnosed based on CD4+ counts alone represent 40.7 percent of the total number of AIDS diagnoses among men (N=873).
[4] Those women diagnosed based on CD4+ counts alone represent 46.1 percent of the total number of AIDS diagnoses among women (N=154).
* Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).
Note: ICD–9 and condition codes are presented in Appendix A.

Table 2. Percent Distribution of Health Insurance Coverage, by HIV Diagnostic Status, Mode of Exposure, and Gender [1,2]

	Health Insurance Coverage: Percent Distribution											
	Total				Men				Women			
	N	Private	Medicaid / Medicare	No Private or Public	N	Private	Medicaid / Medicare	No Private or Public	N	Private	Medicaid / Medicare	No Private or Public
Total Sample	1,949	32.6	38.4	29.0	1,591	38.0	32.2	29.8	358	8.4	66.2	25.4
HIV Diagnostic Status												
Asymptomatic or Acute Primary HIV Infection	292	36.0	22.3	41.8	224	40.2	15.6	44.2	57	14.0*	47.4	38.6
Symptomatic / Non–AIDS-defined	549	27.9	37.3	34.8	359	36.2	24.2	39.6	120	5.8*	65.8	28.3
AIDS Diagnosed	946	32.2	46.1	21.7	873	36.1	41.1	22.8	154	8.4	73.3	14.3
Mode of Exposure												
Homosexual/Bisexual	1,001	51.7	19.8	28.6	1,000	51.7	19.8	28.5	1	.	.	100.0*
Injection Drug Use	184	14.7	48.9	36.4	153	15.7	45.1	39.2	31	9.7*	67.7	22.6*
Homosexual/Bisexual & Injection Drug Use	438	8.9	65.3	25.8	301	10.3	63.1	26.6	137	5.8*	70.1	24.1*
Heterosexual	230	13.9	51.7	34.4	87	23.0	33.3	43.7	143	8.4*	62.9	28.7*
Other	94	21.3	57.5	21.3	50	26.0	52.0	22.0	44	15.9*	63.6	20.5

[1] Eight persons were covered under the publicly funded CHAMPUS program. All eight were concurrently covered by private health insurance policies and have been coded under the private insurance category.
[2] Medicaid recipientship reflects eligibility criteria prior to the development of the 1993 expanded CDC diagnostic categorization.
* Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

Table 3. Proportion of Persons Receiving SSDI, by Ethnicity, Mode of Exposure, HIV Diagnostic Status, and Gender

	Men (N=1,590)		Women (N=357)	
	%	N	%	N
Total Receiving SSDI	21.7	345	14.3	51
Ethnicity				
White (Not Hispanic)	21.8	160	15.1	11
African American (Not Hispanic)	20.4	83	16.3	28
Hispanic	22.3	93	10.8	12
Other	29.2 *	7	-	-
HIV Diagnostic Status				
Asymptomatic or Acute Primary HIV Infection	8.9	20	1.8 *	1
Symptomatic/ Non-AIDS-defined	16.4	59	15.0	18
AIDS-diagnosed	29.1	251	19.9	30
Mode of Exposure				
Homosexual/Bisexual	18.0	17	-	-
Injection Drug Use	36.2	55	22.6 *	7
Homosexual/Bisexual & Injection Drug Use	26.5	79	13.2	18
Heterosexual	18.6	16	14.7	21
Other	32.7	16	9.1 *	4

* Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

Table 4. Proportion of People Who Have Applied for SSDI and Have Been Denied, by Ethnicity, HIV Diagnostic Status, Mode of Exposure, and Gender

	Men			Women		
	# Applied	# Denied	%	# Applied	# Denied	%
Total	302	90	29.8	87	38	43.7
Ethnicity						
White (Not Hispanic)	96	29	30.2	19	8	42.1
African American (Not Hispanic)	93	30	32.3	39	17	43.6
Hispanic	98	29	29.6	28	13	46.7
Other	6	-	-	1	-	-
HIV Diagnostic Status						
Asymptomatic or Acute Primary HIV Infection	33	12	36.4	17	9	52.9
Symptomatic/ Non-AIDS-defined	64	25	39.1	24	11	45.8
AIDS-diagnosed	176	47	26.7	45	18	40.0
Mode of Exposure						
Homosexual/Bisexual	142	39	27.5	1	1	100.0 *
Injection Drug Use	34	10	29.4	9	5	55.6
Homosexual/Bisexual & Injection Drug Use	87	27	31.0	40	16	40.0
Heterosexual	26	11	42.3	29	13	44.8
Other	8	3	37.5 *	7	3	42.9 *

* Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

Table 5. Percent of Men and Women with One or More Functional Limitation, by HIV Diagnostic Status and Mode of Exposure [1,2,3]

	Functional Limitation					
	Men			Women		
	None	1 or more	N	None	1 or more	N
1993 Expanded CDC HIV/AIDS Classification						
Asymptomatic	66.8	31.2	215	47.3	52.7	55
Symptomatic/non-AIDS-defined	47.4	52.6	352	37.7	62.3	114
AIDS-diagnosed	29.7	57.3	812	19.9	80.1	146
Mode of Exposure						
Homosexual/Bisexual	47.8	52.2	967	100.0 *	.	1
Injection Drug Use	25.5	74.5	145	19.4 *	80.7	31
Homosexual/Bisexual & Injection Drug Use	27.9	72.1	269	23.8	76.2	126
Heterosexual	36.9	63.1	84	40.7	59.3	140
Other	37.8	62.2	45	37.5	62.5	40

[1] Full medical records (including CDC–defined conditions and/or hematologic reports), as well as data on functional limitations are available for 86.7% (N=1379) of all men and 88.0% (N=315) of all women sampled at baseline.

[2] Functional limitations are reported as assessed at Time 2_5.

[3] Functional limitation and mode of exposure data are available for 94.9% (N=1510) of all men and 94.4% (N=338) of all women sampled at baseline.

* Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

Table 6. Functional and Activity Limitations and Measures of Depression, by HIV Diagnostic Status: Men[1,2]

Percent Distribution of Persons	Total Sample: Men and Women (N=1850)	Total Men (N=1510)	1993 Expanded CDC HIV/AIDS Classification (N=1397)		
			Asymptomatic or Acute Primary HIV Infection (N=215)	Symptomatic/ Non-AIDS-defined (N=352)	AIDS-diagnosed (N=812)
Functional Limitations					
Any Limitation	60.5	58.8	31.2	52.6	70.3
Vigorous Activities					
Running, strenuous sports, lifting heavy objects	55.9	54.5	27.4	48.0	65.9
Moderate Activities					
Carrying groceries, bowling	37.5	35.7	14.4	29.8	44.5
Walking uphill, climbing flights of stairs	43.4	41.8	16.3	33.8	53.1
Bending, lifting, stooping	35.2	34.0	15.4	29.3	42.1
Walking one block	23.7	22.2	7.4	15.3	29.7
Eating, bathing, dressing, using the toilet	14.8	13.7	6.5	8.2	18.1
Activity Limitations					
Prevented from Major Activity Participation					
Working at job, housework, attending school					
Recent[3]	49.5	49.1	23.3	42.9	60.2
Chronic[4]	41.5	41.3	19.5	34.4	51.8
Experiencing Difficulties with Major Activities					
Limitation in certain kinds/amounts of work, housework, schoolwork					
Recent[3]	47.9	47.2	22.8	39.2	58.0
Chronic[4]	38.3	37.9	22.8	31.3	46.4
Experiencing Limitations in Ability to Engage in Social Activities					
Visiting friends and relatives	20.7	19.9	9.8	13.4	25.5
Measures of Depression					
Experiencing Feelings All or Most of the Time					
Nervousness	22.6	20.7	17.2	21.0	22.1
Calmness/Peacefulness	34.2	36.2	44.7	34.9	34.8
Downheartedness	19.0	16.8	12.2	16.1	19.1
Happiness	40.7	42.5	56.7	40.9	40.2
Unable to be Cheered Up	9.6	8.0	5.1	7.2	9.2

[1] Full medical records (including CDC–defined conditions and/or hematologic reports), as well as data on functional and activity limitations, and depression are available for 86.7% (N=1379) of all men sampled at baseline.
[2] Measures of functional and activity limitations are reported as assessed at Time 2.
[3] Time -frame represents period since previous interview, approximately three weeks.
[4] Time -frame represents the period of limitation existing before the previous interview date.
Note: Percentages may not total to 100.0 due to rounding.

Table 7. Functional and Activity Limitations and Measures of Depression, by HIV Diagnostic Status: Women [1,2]

Percent Distribution of Persons	Total Sample: Men and Women (N=1850)	Total Women (N=340)	1993 Expanded CDC HIV/AIDS Classification (N=315)		
			Asymptomatic or Acute Primary HIV Infection (N=55)	Symptomatic/ Non-AIDS-defined (N=114)	AIDS-diagnosed (N=146)
Functional Limitations					
Any Limitation	60.5	68.2	52.7	62.3	80.1
Vigorous Activities					
Running, strenuous sports, lifting heavy objects	55.9	62.1	43.6	58.8	74.0
Moderate Activities					
Carrying groceries, bowling	37.5	45.6	21.8	44.7	55.5
Walking uphill, climbing flights of stairs	43.4	50.3	27.3	45.6	63.7
Bending, lifting, stooping	35.2	40.9	25.5	36.8	50.7
Walking one block	23.7	30.6	12.7 *	25.4	42.5
Eating, bathing, dressing, using the toilet	14.8	19.7	7.3 *	14.0	29.5
Activity Limitations					
Prevented from Major Activity Participation					
Working at job, housework, attending school					
Recent[3]	49.5	51.2	29.1	49.1	62.3
Chronic[4]	41.5	42.7	21.8	40.4	54.1
Experiencing Difficulties with Major Activities					
Limitation in certain kinds/amounts of work, housework, schoolwork					
Recent[3]	47.9	51.2	29.1	47.4	64.4
Chronic[4]	38.3	40.0	25.5	36.0	50.7
Experiencing Limitations in Ability to Engage in Social Activities					
Visiting friends and relatives	20.7	23.8	7.3 *	24.6	29.5
Measures of Depression					
Experiencing Feelings All or Most of the Time					
Nervousness	22.6	31.5	21.8	33.3	34.0
Calmness/Peacefulness	34.2	25.0	27.3	24.6	22.1
Downheartedness	19.0	28.5	27.3	34.2	26.9
Happiness	40.7	32.6	32.7	37.7	26.9
Unable to be Cheered Up	9.6	16.8	10.9 *	19.5	16.6

[1] Full medical records (including CDC defined conditions and/or hematologic reports), as well as data on functional and activity limitations, and depression were available for 88.0% (N=315) of all women sampled at baseline.
[2] Measures of functional and activity limitations are reported as assessed at Time 2.
[3] Time -frame represents period since previous interview, approximately three weeks.
[4] Time -frame represents the period of limitation existing before the previous interview date.
*Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).
Note: Percentages may not total to 100.0 due to rounding.

Table 8. Labor Force Participation by Ethnicity, HIV Diagnostic Status, Mode of Exposure , and Gender

	Labor Force Participation: Percent Distribution					
	N	Full-time	Part-time, Looking	Part-time	Not Working, Looking	Not Working
Total Sample	1811	28.6	1.8	6.6	10.9	52.1

	Labor Force Participation: Percent Distribution of Each Group											
	Men						Women					
	N	Full-time	Part-time, Looking	Part-time	Not Working, Looking	Not Working	N	Full-time	Part-time, Looking	Part-time	Not Working, Looking	Not Working
Total for Each Gender	1529	31.7	2.0	7.2	9.9	49.3	282	12.1	1.0*	3.2*	16.3	67.5
Ethnicity												
White (Not Hispanic)	718	41.9	1.5*	10.9	5.4	40.3	60	20.0	.	3.3*	11.7*	65.0
African American (Not Hispanic)	383	22.2	2.4*	2.4*	14.6	58.5	140	11.4	1.4*	3.6*	20.0	63.6
Hispanic	396	22.5	2.5*	2.6	13.6	55.8	80	7.5*	.	2.5*	13.8	76.3
Other	24	33.3	.	4.2*	8.3*	54.2	2	.	.	.	.	100.0*
HIV Diagnostic Status												
Asymptomatic or Acute Primary HIV Infection	220	47.7	4.1*	5.5	15.5	27.3	41	26.8	2.4*	2.4*	26.8	41.5
Symptomatic / Non-AIDS Defined	347	36.3	2.0*	11.8	11.2	38.6	97	12.4	1.0*	2.1*	14.4	70.1
AIDS Diagnosed	831	24.1	1.3*	5.8	7.1	61.7	124	5.7*	.	4.8*	10.5	79.0
Mode of Exposure												
Homosexual/Bisexual	973	41.5	2.5	10.0	8.7	37.3	1	.	.	100.0*	.	.
Injection Drug Use	145	15.2	0.7*	5.5*	12.4	66.2	26	3.9*	.	7.7*	26.9*	61.5
Homosexual/Bisexual and Injection Drug Use	286	10.8	0.7*	0.4*	12.2	75.9	110	9.1*	0.9*	0.9*	18.2	70.9
Heterosexual	79	24.1	1.3*	2.5*	15.2	57.0	112	17.0	.	2.7*	15.2	65.2
Other	46	17.4*	4.4*	4.4*	4.4*	69.6	33	12.1*	3.0*	9.1*	3.0*	72.7

*Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

Table 9. Percent Distribution of Occupational Titles of Persons Still Working, by Labor Force Participation and HIV Diagnostic Status[1,2]

Occupational Titles	Labor Force Participation				HIV Diagnostic Status		
	Total Working Sample N=669	Full-time N=461	Part-time /Looking N=29	Part-time N=110	Asympto-matic or Acute Primary HIV Infection N=139	Sympto-matic / Non-AIDS-defined N=189	AIDS-diagnosed N=272
Managerial & Professional Specialty							
Executive, Administrative, Managerial	17.9	21.0	3.5 *	8.2 *	17.3	16.4	19.1
Professional Specialty	10.5	11.9	.	5.5 *	12.2	8.5	10.3
Technical, Sales, and Administrative Support							
Technicians & Related Support	4.0	3.5	.	6.4 *	1.4 *	2.1 *	6.3
Sales	9.9	8.9	17.0 *	10.9	8.6	11.6	8.8
Administrative Support including Clerical	14.2	15.6	20.7 *	7.3 *	12.2	13.8	15.8
Service							
Private Household	0.6 *	.	3.5 *	0.9 *	.	1.1 *	0.4 *
Protective Services	1.2 *	1.1 *	3.5 *	0.9 *	.	1.1 *	1.8 *
Other service occupations	19.4	17.0	27.6 *	29.1	18.7	23.8	17.7
Outdoor, Production, Repair							
Farming, Forestry & Fishing	0.9 *	.	.	4.6 *	1.4 *	1.1 *	0.7 *
Precision Production, Craft, Repair	4.3	4.3	10.0 *	3.6 *	6.5 *	3.7 *	4.0
Operators, Fabricators, Laborers							
Machine Operators, Assemblers, Inspectors	3.3	3.9	3.5 *	0.9 *	6.5 *	2.7 *	2.2 *
Transportation and Material Moving	3.0	3.0	.	4.6 *	3.6 *	3.7 *	2.6 *
Handlers, Equipment Cleaners, Helpers, Laborers	1.8	2.0 *	3.5 *	0.9 *	2.9 *	2.1 *	1.1 *
Other							
New workers / Unknown	9.0	7.2	6.9 *	16.4	8.6	8.5	9.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

[1]Drop in the total number of working persons stratified by HIV diagnostic status is due to missing medical data on 69 persons.

[2]Columns may add to more than 100.0 due to rounding.

*Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

Table 10. Work Status of People with HIV, by Current or Last Occupation and Reasons for Not Working[1,2]

	Ever Employed in Occupation		Currently Working		Reasons for Not Working					
					Voluntarily Left Due to HIV		Involuntary Fired or Laid Off Due to HIV		Not Working for Reason Other Than HIV	
	N=1810		N=669		N=474		N=58		N=609	
Occupational Categories	N	%	N	%	N	%	N	%	N	%
Executive, Administrative, Professional Occupations	326	100.0	190	58.3	80	24.5	7	2.1*	49	15.0
Technical, Sales, Administrative Support Occupations	493	100.0	188	38.1	115	23.3	15	3.0	175	35.5
Service Industries, Private Household Occupations	443	100.0	142	32.1	138	31.2	16	3.6	147	33.2
Manual Labor, Occupations requiring Physical Exertion	440	100.0	89	20.2	111	25.2	18	4.1	222	50.5
Missing/Unknown	108	100.0	60	55.6	30	27.8	2	1.9*	16	14.8

[1] Reasons given for HIV-related voluntary withdrawal from labor force participation include having quit, retired, taken leave of absence, left for medical reasons, ended job, or having sold business due to their HIV condition. Involuntary withdrawal from the labor force includes those persons who were fired or laid off due to their HIV condition. Non-HIV-related withdrawal from the labor force may or may not have predated the onset of HIV disease.

[2] Includes only people who have ever worked.

* Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

Appendix A

Technical Notes

Symbols

* Figure does not meet standard of reliability or precision

. Quantity zero

Standard Errors

The ACSUS sample design employed a three-stage process, which given budgetary constraints, best assured for regional diversity in terms of service delivery systems, rates of incidence, mode of exposure among persons with HIV, and sources of health care reimbursement. However, sampling errors arise because the data are derived from only a portion of the total population of persons living with HIV. Estimates based on a sample often vary from statistics based on a complete enumeration of the population. Standard errors have been estimated using the following formula:

$$SE(p) = \sqrt{\frac{p\,(100-p)}{y}}$$

where p is the proportion of the total sample and y is the base (denominator) of the percent. The relative standard error (RSE) is calculated by dividing the standard error of the proportional estimate by the proportion itself:

$$RSE(p) = \frac{SE(p)}{(p)}$$

Estimates with greater than 30 percent RSE are unreliable and are marked with an asterisk in this report.

Differences between two statistics (means, percents, or rates) were tested using the Student's t-test statistic.

Comparisons discussed in this report were found to be statistically significant at the 99 percent confidence level unless otherwise stated.

Appendix B

Medical Condition and Symptom Codes

Table B.1 presents the list of medical conditions and symptoms used in this report to determine the HIV diagnostic categorization of the ACSUS sample according to the CDC 1993 revised classification system for HIV infection and expanded case definition for AIDS. Medical condition and symptom codes are defined by the Ninth Revision of the International Classification of Diseases, Clinical Modification, 3rd Edition, 1989.

TABLE B.1. List of HIV-related Medical Condition and Symptom Codes, ACSUS

Medical Conditions and Symptoms	*ICD–9 Codes*
AIDS-defining conditions	
Salmonella septicemia	001.3
Pulmonary tuberculosis (TB)	011
Mycobacteria (MAC)	031
Progressive multifocal leukoencephalopathy	046
Candidiasis of lung	112.4
Candidiasis systemic	112.59
Coccidiodomycosis	114
Histoplasmosis	115
Paracoccidioidomycosis	116
Cryptococcosis	117
Toxoplasmosis	130
Pneumocystis carinii pneumonia (PCP)	136.3
Kaposis sarcoma (KS)	176
Malignant neoplasm of cervix	180
Lymphoma	200, 202
Psychotic condition/dementia	290
Dementia	294
Cryptococcal meningitis	321
Encephalopathy/other conditions of brain	348
Wasting disease	799.4

Symptomatic Conditions, Non-AIDS-defining

Other specified respiratory TB	012
TB of CNS/TB meningitis	013
Peritonitis/TB enteritis	014
TB of bones/vertebral column	015
TB of bladder & other female organs	016
TB of other organs/lymph, spleen, esophagus	017
TB miliary	018
Septicemic/cellulocutaneous plague	020
Listeriosis (other bacterial infections)	027
Symptomatic HIV infection	042
Viral meningitis	049
Cytomegalic inclusion disease/salivary	078.5
Dermaphytosis/skin infections/rashes	110
Other skin dermatomycosis	111
Candidiasis of mouth	112.0
Candidiasis of vulva/vagina	112.1
Candidiasis other urogenital	112.2
Candidiasis of skin/nails	112.3
Candidial meningitis	112.83
Candidiasis other specified site	112.84
Candidiasis site specific	112.89, 112.9
Opportunistic mycoses/infections to organs	118
Sarcoidosis	135
Late effect of respiratory TB	137
Malignant neoplasm of rectum	154
Lymphoma (Hodgkin's)	201
Carcinoma in situ of cervix/uteri	233
Nutritional deficiencies	260, 261, 263, 266, 269
Disorder of mineral metabolism	275
Volume depletion/fluid overload/electrolyte, acid balance disorders	276
Anemia	280
Other deficiency anemias	281
Acquired hemolytic anemia	283
Aplastic anemia	284
Other anemias	285
Other hemorrhagic conditions/thrombocytopenia	287
Diseases of white blood cells	288
Organic delirium/dementia	293
Mononeuritis:limb	354
Mononeuritis of lower limb	355
Neuropathy	356
Inflammatory & toxic neuropathy	357
Retenopathy/cause unspecified	362
Chronic otitis media/disorder of eustachian tube	381
Chronic sinusitis	473
Viral pneumonia	480
Pneumococcal pneumonia	481
Other bacterial pneumonia	482

Pneumonia in infectious diseases: cytomegalic, aspergillosis, systemic mycoses	483
Bronchopneumonia	484
Pneumonia	485
Other pneumonia - not pcp	486
Other diseases of lung/respiratory failure	518
Gingivitis/peridontitis	523
Stomatitis (gingiva and tongue)	528.0
Recurrent apthous ulcers	528.2
Hairy leukoplakia	528.6
Esophagus/ulcerative esophagitis	530
Hepatitis/chronic liver disorder	571, 573
Intestinal malabsorption	579
Inflammatory disease/female pelvic organs	614
Inflammatory disease/cervix, vagina	616
Dysplasia of cervix	622
Dysplasia of vagina	623
Cellulitis of toes/fingers	681
Other cellulitis of skin	682
Acute lymphadenitis	683
Local skin infection	686
Dandruff/eczema/seborrhea	690
Atopic dermatitis	691
Other dermatitis	692
Erythem condition (skin)	695
Psoriasis	696
Pruritis (dermatitis) itching	698
Skin rash/swelling/numbness/change texture	782
Stomach pain/liver/spleen enlargement	789
Non-specific findings/ HIV, TB, cervical	795

Asymptomatic, PGL (Persistent Generalized Lymphadenopathy), Symptoms Related to Acute Primary HIV Infection

Coccidiosis	007.2
Lymphadenopathy	043
Convulsions	780.3, 780.35
Dizziness	780.4
Chills with fevers	780.6, 780.68, 780.69
Fatigue	780.7
Sweating	780.8, 780.87
Other general/chills, etc.	780.9
Weight loss/inability to gain weight	783

All other HIV-related conditions neither in Category B (symptomatic, non-AIDS-defining) nor category C (AIDS-defining).

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